

Listing of the Claims:

1. (Original) A method for measuring the arterial waveform invasively or non-invasively from a peripheral artery, wherein the waveforms are accurately recorded and secondary pressure waveforms are identified.

2. (Original) A method according to claim 1 wherein a series of pressure waveforms are ensemble-averaged into a single waveform to provide consistency of waveform detail.

3. (Original) A method according to claim 1 wherein the waveforms are subjected to harmonic analysis and moduli of their harmonic components are compared.

4. (Original) A method according to claim 1 wherein a hypotensive individual is confirmed to have the higher (second and above) greater than the first harmonic can be considered as having vasoconstriction as a cause of hypotension.

5. (Currently Amended) A method according to claim 1 wherein a hypotensive individual in sinus rhythm or without significant arrhythmia is confirmed to have the lowest fundamental harmonic, at heart rate less than 120/min, dominant over all the other harmonics and can be concluded as likely to have ~~vasodilatation~~ vasodilation as the cause of hypertension.

6. (Currently Amended) A method according to claim 1 ~~any one of claims 1 to 5~~

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Title: METHODS OF DISTINGUISHING BETWEEN
VASOCONSTRICTION AND VASODILATION
AS A CAUSE OF HYPOTENSION

wherein, in the hypotensive individual, amplitude of the primary ~~wave~~ waveform (peak to wave foot) is compared to amplitude of the secondary waveform (secondary peak to wave foot) and the secondary wave confirmed to have amplitude less than 25% of the primary ~~initial~~ waveform as denoting hypotension due to vasodilation whereas amplitude of the secondary waveform greater than 30% of the primary ~~initial~~ wave denotes hypotension due to vasoconstriction and acute blood loss, cardiac failure, tamponade or pulmonary embolism.